California Quality Rating and Improvement System Training and Scoring Tips for the Family Child Care Environment Rating Scale

This document was developed as part of the Race to the Top – Early Learning Challenge (RTT-ELC) grant and adopted by the California Quality Rating and Improvement System (CA-QRIS) Anchors to support consistent training and scoring on the Family Childcare Environment Rating Scale (FCCERS). It is intended to be used with existing clarifications from Environmental Rating Scales Institute (ERSI), where Anchors provided additional, specific clarification about certain indicators. This tool also should be used when training new assessors to guide consistency of interpretation.

SPACE AND FURNISHINGS

Item #	Indicator	Indicator Description (Language from FCCERS-R)	Training and Scoring Tips
Indoor space used for child care	3.1	Enough space used in the home for child care children, play materials, and furnishings.	Consider all the spaces in the room. If all the children are in different areas, Consider the maximum group size that could be in the space.
	5.1	Ample indoor space for child care children, play materials, and furnishings (Ex. children and adults can move around freely; space allow many play materials to be accessible at same time; space for equipment needed by children with disabilities; spacious open area for children to play).	If two or more frequently used spaces do not allow free movement, do not give credit for 5.1. All spaces do not need to be used at the same time. Consider the maximum number of children allowed to attend.
2. Furniture for routine care, play, and learning	5.1	Most tables/chairs used for eating, play, and learning activities made suitable to children's size (Ex. cushions or booster seats used with adult chairs to prevent need for children to kneel).	If mixed sizes of chairs are available, and 75% of the children are able to use them, give credit for 5.1 (please refer to the notes for clarification page 17).

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5. Display for children	5.2	Many items displayed where children can easily see them, some within easy reach.	To determine whether a display is at child's eye level, look for the halfway point on the wall. Items below the halfway point are easily seen by children, items above the halfway point are not easily visible at the child's eye level. Consider the size of pictures and children's height. Children should be able to point and talk about the details of their work and/or display.
	General Notes		Consider all displays based on the following definitions: Child-related: intended for children. Child-created: any work done by children. Individualized: work carried out in the child's own way.
6. Space for privacy	3.1	Children are allowed to find or create space for privacy (Ex. behind furniture or room dividers, in outdoor play equipment, in a quiet corner of the room).	Give credit if child created the private space, supervision considered at 3.2.

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	5.1	Space set aside for one or two children to play, protected from intrusion by others (Ex. puts baby into protected area while using popular toys; no-interruption rule; small space protected by shelves).	Space must be intentionally planned or created by the teacher to give credit for 5.1. It can be protected by arrangement, redirection, or observed enforcement of classroom rules.
	General Notes		Be clear regarding the distinctions between spaces created by children and the teacher. Level 5 requires intentionality by the teacher.

PERSONAL CARE ROUTINES

Item	Indicator	Indicator Description (Language from FCCERS-R)	Training Scoring Tips
7. Greeting/ departing	3.1	Most children greeted warmly (Ex. provider seems pleased to see children; smiles; uses pleasant voice).	New staff entering the room to either take over or share in responsibility for the children, must greet the children in some way but not necessarily individually. It is sufficient to greet the group as a whole. Also, provider must greet late arriving children.
	3.3	Parents enter caregiving area as part of daily greeting and departing routines.	Parents may choose to drop off at the door, but families should be welcomed. Parents must be allowed in all of the areas used for care and be free to move around the entire area used for care. If parents are not seen entering spaces used for care, this may be an interview question. If parents are prevented or discouraged from entering and moving freely either in policy or attitude, no credit should be given for 3.3.
	3.4	Some sharing of child-related information between parents and provider (Ex. medication needed; notified of illness in group; early pick-up; project school-ager is working on).	Information shared must be about the child. Child-related information must be shared with parents of at least 50% of children.

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	5.1	Provider greets each child individually and provides pleasant, organized departure (Ex. conversation on arrival; clothes ready for departure).	The staff member must be located close enough to a child and communicate directly so the child can perceive the greeting as communication. A baby will need the staff member to come close and make direct contact in order to tune in to the interaction. As children become older, the greeting can be done from farther away. The child must obviously perceive the greeting.
8. Nap/rest	5.2	All cribs/cots/mats are 36 inches apart unless separated by a solid barrier.	If space allows 18 inches and less than 36 inches between mats, give credit for 3.2.
9. Meals/ snacks	1.2	Food served does not meet nutrition guidelines or is not appropriate (Ex. food that might cause choking; foods/beverages too hot).	Personal dietary preferences of the observer are not to be used in determining the quality of foods served. Sugary and unhealthy foods are still considered within their respective food groups (e.g., cookies = grain). Check menu in addition to observing food served. If no menu is available, ask the provider to describe meals/snacks served.
	1.3	Basic sanitary procedures usually neglected.	Providers should be marked off at this level only for serious negligence of sanitation. Programs should be given credit for 1.3 if some attempts are made.

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	3.2	Well-balanced age-appropriate food served for meals and snacks.	Food meeting minimum component and quantity requirements must be offered. Children do not need to accept. Refer to nutrition guidelines in the United States Department of Agriculture's (USDA) Child Care and Adult Food Program at: www.nal.usda.gov/childcare/Cacfp/index.html.
			All infants and toddlers who eat solid food should be offered drinking water between feeding and at least once during an observation, including breastfed children (if eating solid food). Observers need not measure the
			temperature of each food, but should observe diligence on the provider's to ensure safe temperatures.
	3.3	Basic sanitary procedures maintained at least half of the time.	Tables must be sanitized between periods if two children sit at the same spot. Sanitizer should not be sprayed while children are at the table. Note that sanitation requirements are different in FCCERS, requiring basic sanitary procedures being maintained at least half of the time.

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	California Modification		Due to water restrictions, water may be turned off while soaping hands. After soaping, the child may turn the water off with paper towel or the staff may control the water to avoid children's recontamination. This is a California Modification approved by C. Riley of ERSI in May 2015.
	General Notes		For basic sanitation, if the same sink is used for toileting but is not disinfected, it is not marked off here, but it is in Health practices, Item11.
10.Diapering/ toileting	1.1	Sanitary conditions of area are not usually maintained (Ex. potty chairs not sanitized; diapers not disposed of properly; diapering surface not sanitized after each use; toilets not flushed).	The sink must be disinfected when it is used for washing after toileting, and before it is used for other purposes (e.g., washing before eating). All use of the sink for one purpose can be completed before the sink needs to be disinfected for another use. If disinfecting does not take place after toileting, mark "yes" on 1.1. It is not required to disinfect the sink before toileting use.

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	1.3	Handwashing often neglected by provider or children after diapering.	Hand sanitizer should never be used on children under 2 years of age. The 2011 edition of Caring for Our Children, page 111 states that hand sanitizers can be used in place of hand washing if hands are not visibly soiled. Hand sanitizer can be used by children 2 years of age and older as long as manufacturers' instructions are followed, and very close supervision of children is provided. If children are not closely supervised, consider supervision-related indicators, as well as Safety practices, Item 12. Sanitizer should be controlled by the provider and kept out of reach of children if the label indicates "Keep out of reach of children."
	3.3 California Modification	Provider and children wash hands after toileting.	Due to water restrictions, water may be turned off while soaping hands. After soaping, the child may turn the water off with paper towel or the staff may control the water to avoid children's recontamination. This is a California Modification approved by C. Riley of ERSI in May 2015.

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	General Notes		Disinfectants are required for cleaning anywhere bodily fluids may have contacted surfaces, including changing tables and toileting sinks. Sanitizers are used for eating surfaces (e.g., tables). If non-bleach disinfectants are used on eating surfaces, rinsing may be required. Score in accordance with instructions on cleaner.
11. Health practices	General Notes		Water temperature for hand washing does not need to be measured, but should be considered based on children's perceived comfort. Water and food should be treated as not to be wasted, in a general manner. Serious disregard for food and water conservation should be considered in Nature/science, Item 22.
12. Safety practices	1.1	Four or more hazards that could result in serious injury indoors.	Cleaning solutions and other products or chemicals labeled "Keep out of reach of children," do not have to be locked up or in a separate room, but must not be accessible by children. Step stools and children's ability to climb to access chemicals should be considered.

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	1.3	Inadequate supervision to protect children's safety indoors and outdoors (Ex. provider occupied with other tasks; no supervision near areas of potential danger; infants, toddlers, and preschoolers not within sight except for momentary lapses).	Hand sanitizer should never be used on children under two years of age. Children must be closely supervised when using hand sanitizer. It should be controlled by staff and kept away from children if the label indicates "Keep out of reach of children."

LISTENING AND TALKING

Item #	Indicator	Indicator Description (Language from FCCERS-R)	Training and Scoring Tips
13. Helping children understand language	7.1	Provider uses a wide range of exact words in communicating with children. (Ex. names many different objects and actions; uses descriptive words).	Observer should consider whether they would have a fairly clear image of what is happening with her eyes closed to meet the requirement of "wide range of simple, exact words."
	7.2	Provider talks about many different topics with the children (Ex. talks about feelings; expresses child's intentions with words in addition to naming objects and actions).	Provider must talk about at least one thing that is not concrete, such as thoughts, feelings, intentions, etc., to meet "many different topics."
14. Helping children use language	3.4	Children allowed to talk much of the day.	Observers should carefully document times talking is restricted to accurately calculate much of the day (MOD).
15. Using books	3.1	At least 6 appropriate books but no less than 3 for each age group enrolled accessible daily, for much of the day.	Books must be accessible for MOD to all children, including to non-mobile infants. All of the required number of books has to be made accessible to non-mobile infants; however, it must be observed that different books are made accessible to them.
	3.2	Almost all books are in good repair.	If four or more of the six books are damaged, no credit can be given for this indicator. A book must be complete, with all pages intact and readable.

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	5.1	At least 12 appropriate books for each age group, but no less than 2 for each child in each age group accessible daily for much of the day.	To give credit for "appropriate" none of the books accessible to kindergarten children or younger may be violent, frightening, or otherwise inappropriate for age group. Accessible means within reach of children without provider assistance. Older children may have access to these books.
	General Notes		Please refer to "Books defined as Inappropriate or Damaged for Infants, Toddlers, and Preschool-age Children for ERS Tools" in the Assessor Resources, Chapter 2 for additional information.

ACTIVITIES

Item #	Indicator	Indicator Description (Language from FCCERS-R)	Training and Scoring Tips
16. Fine motor	3.1	Some appropriate fine motor materials for each age group, accessible for daily use.	"Some" for infants and toddlers means at least five different appropriate materials. For preschool and school-age children, "some" means at least two different materials from each of the four types of materials for each age group enrolled.
	5.1	Many and varied appropriate fine motor materials for each age group, accessible for much of the day.	"Many and varied" for infants and toddlers means at least ten different appropriate materials. For preschool and school-age children, "many and varied" means at least three different appropriate materials from each of the four types.
	General Notes		Some materials may be appropriate for more than one age group. However, all materials must be safe for each age group that has access.
17. Art	General Notes		Art materials safe for preschoolers may not be safe for toddlers or infants. School-age materials cannot be accessible for infants or toddlers.

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18. Music and movement	3.1	Some appropriate music materials, toys, or instruments accessible for free play daily (Ex. rattles and other musical toys, simple instruments, CD player or computer with recorded music).	Check batteries in battery operated toys (musical toys) to make sure they work. They must work to be counted toward the total number of toys.
	5.4	Recorded music is used at limited times and with a positive purpose (Ex. quiet music at nap; put on for dancing or singing and turned off when children lose interest).	Music playing in the background does not meet the requirement for this indicator. Music must be purposeful.
19. Blocks	3.1	Some appropriate blocks for each age group (between 12 months and 7 years), accessible for daily use.	Only consider block sets in which the majority of blocks are at least two inches in length/width.
	3.3	Some accessories for blocks accessible daily.	If the accessories are not stored near the blocks, it must be obvious that the children use the materials together.
	General Notes		Interlocking blocks are counted as fine motor no matter what their size is.
20. Dramatic play	General Notes		"NA" is permitted on 5.4 and 7.3 levels and age group spans will depend on what works specific to age. Requires sets of dolls for comparison.
21. Math/ number	3.1	Some developmentally appropriate math/number materials accessible daily for each age group.	Materials with numbers and shapes must be present for each age group.

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	5.1	Many and varied appropriate materials accessible.	Variety must include materials for all age groups of children served.
25. Use of TV, video, and/ or computers	General Notes		Use of an iPad is becoming very common and not as obvious. Ask even if you don't see it there.
27. Supervision of play and learning	General Notes		This item refers to play only; routine supervision is in diapering/toileting, nap, and meals/snacks. If an adult has their own child who is older and is counted in the ratio, and the child goes off by themselves, consider in supervision.

INTERACTION

Item #	Indicator	Indicator Description (Language from FCCERS-R)	Training and Scoring Tips
28. Provider- child interactions	1.3	Physical contact is not warm or responsive; harsh or inappropriate contact used (Ex. child jerked by arm; unwanted hugs or tickling).	Examples of interactions must be evidence-based. A "yes" on 1.3 means interactions are abusive and negligent.
	3.2	Few, if any, unpleasant interactions; no harsh verbal or physical provider-child interactions.	Examples of interactions must be evidence-based. "No" on 3.2 means interactions are abusive or negligent.
	5.1	Provider uses frequent positive verbal and physical interaction with children throughout the day (Ex. Provider and children usually relaxed; voices pleasant; gentle touch).	Evidence of frequent interactions with many children throughout the day is required to give credit for 5.1.
	5.2	Provider shows respect for children (Ex. listens attentively; makes eye contact; treats children fairly; does not discriminate).	When determining significance of 'few' consider the severity, child reaction, and the frequency of such interactions.

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30. Interactions among children	3.1	Interaction encouraged among children (Ex. non-mobile babies placed where they can interact with others; children allowed to move freely so natural groupings and interactions can occur).	Schedule needs to provide opportunities for children to interact or children must be allowed to play or communicate with one another. Consider if children are isolated. When children are isolated they don't have opportunity to interact. This has to be pervasive during observation (e.g., teacher holds the baby the whole time and can't interact with others, or a child who bites is isolated).
	3.3	Most interactions among children are neutral or positive (Ex. calmly play next to each other; older children careful with babies).	If scored "no," review 1.3 indicator as well.
	5.1	Provider consistently models good social skills (Ex. is kind to others, listens, empathizes, cooperates; is polite to children and not "bossy").	Modeling required 75% of time to give credit at 5.1.
	5.2	Provider facilitates positive peer interactions among all children (Ex. places infants where they can watch and react to others; helps toddlers find duplicate toys; includes child with disabilities in play with others).	Provider is actively facilitating interactions, not just modeling.

PROGRAM STRUCTURE

Item #	Indicator	Indicator Description (Language from FCCERS-R)	Scoring Tips
33. Group time	3.3	Provider is positive and acceptant with children during whole-group time.	Look to see if alternate activities are accessible when group time occurs.
	General Notes		FCCERS implies more than one alternate activity.
34. Provisions for children with disabilities	3.1	Provider has information from available assessments.	3.1 requires FCC provider to have access to information. If provider requested, but did not receive assessment information, mark "no."
	General Notes		Only gets rated when there is a child with an I Individualized Education Program or doctor diagnosis (e.g., physical) which would require environmental accommodation.